

Mail: 1903 Mail Service Center  
 Raleigh, NC 27699-1903

Location: 225 North McDowell St.  
 Raleigh, NC 27603-1382

## Application for North Carolina Death, Marriage, or Divorce Record

A Death, Marriage, or Divorce Certificate search costs \$24 and includes one copy if a certificate is located. The search covers a three-year period. This search fee is non-refundable. There is a fee of \$15 for each additional certificate copy requested from the same search. If you want same-day walk-in service, an additional \$15 expedited processing fee is required. Mail-in applicants may also receive expedited service. Include the \$15 expedite fee and write "Expedite" on the envelope. Expedited mail requests will be processed within two working days of receipt (please allow for additional mailing time or pay for overnight delivery). Make your certified check or money order payable to "NC Vital Records." Please do not send cash in the mail. Personal checks are not accepted. If you have questions, our telephone number is 919-733-3000.

**Please Print**

<b>Death Certificate</b>	<b>Number of Copies Requested</b>	<b>Certified</b> _____	<b>Uncertified</b> _____
Full Name of Deceased _____			
Date of Death (Month/Day/Year) _____		Age at Time of Death _____	Race _____
Location of Death (City or County) _____		<b>Office Use Only</b>	
Date of Birth (Month/Day/Year) _____		Book _____	Page _____

<b>Marriage Certificate</b>	<b>Number of Copies Requested</b>	<b>Certified</b> _____	<b>Uncertified</b> _____
Full Name of Groom _____			
Full Maiden Name of Bride _____			
Date of Marriage (Month/Day/Year) _____		<b>Office Use Only</b>	
Location of Marriage (City or County) _____		Book _____	Page _____

<b>Divorce Certificate</b>	<b>Number of Copies Requested</b>	<b>Certified</b> _____	<b>Uncertified</b> _____
Full Name of Husband _____			
Full Maiden Name of Wife _____			
Date of Divorce (Month/Day/Year) _____		<b>Office Use Only</b>	
Location of Divorce (City or County) _____		Book _____	Page _____

<b>Required for All Certificates Requested</b>	<b>Your Relationship to the Person Whose Certificate is Requested: (Check one)</b>		How do you plan to use this record?
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse (current) <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Child <input type="checkbox"/> Parent/Step-Parent	<input type="checkbox"/> Grandparent <input type="checkbox"/> Authorized agent, attorney or legal representative of the person listed <b>(Proof Required)</b> <input type="checkbox"/> Other (may not be entitled to a certified copy) Specify _____	

**I hereby certify that all the above information is true to the best of my knowledge. Note: It is a FELONY VIOLATION of North Carolina Law (G.S. 130A-26) to make a false statement on this application or to unlawfully obtain a certified copy of a vital record.**

\_\_\_\_\_  
*Signature of Person Applying for Certificate*

\_\_\_\_\_  
*Street Address or P.O. Box*

\_\_\_\_\_  
*City, State and Zip Code*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*(Area Code) Telephone Number*

**Office Use Only**

Identification furnished

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount Received \$ \_\_\_\_\_